# UNITED STATES DISTRICT COURT SOUTHERN DISTRICT OF NEW YORK

CASIMIR GRIFFIN CAPEVERDEAN KING OF KINGS

Write the full name of each plaintiff.

25 CV 5585

(To be filled out by Clerk's Office)

-against-

**COMPLAINT** 

(Prisoner)

FACE BOOK, INSTAGRAM, SNAP CHAT, PAY LAI,

DO YOU WAS

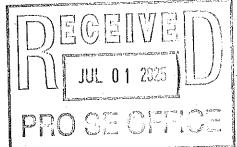
DRAFT KINGS, MESSENGER, METAMASK, ONE BANK, MY Yes

Do you want a jury trial? NK . ™ Yes □ No

CASH APP/CASH CARD, EXTRA CARD, TD BANK,

ETC. 1-150. INCLUDING APPLE/ICLOUD

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.



### NOTICE

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

State below the federal legal basis for your claim, if known. This form is designed primarily for

I.	LEGAL	BASIS	FOR	CL	AIM

prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).
☑ Violation of my federal constitutional rights
Other:
II. PLAINTIFF INFORMATION
Each plaintiff must provide the following information. Attach additional pages if necessary.
CASIMIR P. GRIFFEN
First Name Middle Initial Last Name
CASIMER GRIFFON CADE VERDEAN KING OF KINGS
State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.
ORANGE COUNTY #2025-01186, FEDERAL 90706-054
Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)
and the 1D humber (such as your Div of NYSID) under which you were new
Current Place of Detention
110 WELLS FARM ROAD
Institutional Address
GOSHEN NEWYORK 10924
County, City State Zip Code
III. PRISONER STATUS
Indicate below whether you are a prisoner or other confined person:
☐ Pretrial detainee
☐ Civilly committed detainee
☐ Immigration detainee
□ Convicted and sentenced prisoner □ Convicted and

### V. STATEMENT OF CLAIM

Place(s) of occurrence: INTERNET, SOCIAL MEDIA, I-CLOUD, PHONE ADDS,
NEW PIRCH, NEW YORK, ORANGE COUNTY ALL

Date(s) of occurrence: 2022, 2023, 2024, 2025, 2021, 2019,

### **FACTS:**

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

### V. STATEMENT OF CLAIM

## V. STATEMENT OF CLAIM

MY DRAFT KINGS ACCOUNT WAS ACCESSED FROM
ANOTHER ACCOUNT, FACIAL RECONITION WAS DISABLED
AND MY BETING HISTORY WAS DELETED AND THIS
WAS SUPPOSED TO HAPDEN FROM ANOTHER DEVICE
MULOCATION WAS ABIL TO BE TRACKED AT ALL
FIME'S AND MY PRIVACY WAS COMPLETELY VIOLATED.
PLEASE NOTE WHILE THIS MAY BE THE FIRST TIME
FOR OTHERS, SOMETHING OF THIS NATURE HAPDEND
TO ME BEFORE INVOIVING GOOGLE AND FACE BOOK.
FUTHER MORE, THEIR'S A CHEMICAL CALLED TECHNO-99
THAT Allows YOU TO LOOK INSIDE A PERSONS NERVOUS
SYSTEM AND COMMUNICATE WITH THEM RADIOACTIVELY
IT'S USED FOR PEOPLE WHO HAVE CANCER AND IS NOW
BEING USED ON DEODIE THROUGHOUT THE REGION.
AND IS USED IN A MANINER TO MAKE THE PERSON IT'S
USED ON APPEAR TO BE MENTALLY UNFIT. I WAS
TESTED AT ST. LUKE'S AND HAVE TOXINS & BACTERIA
IN MUSYSTEM BECAUSE IT WAS FED TO ME. I WAS
ALSO TAKEN ADVANTAGE OF BY TO-BANK DUE TO A
POLICY THAT THEY HAVE TO WITH HOLD FUNDS BY NOT.
Allowing someone to see their deposits of A
CERTIN AMOUNT OF MONEY FOR PERIOD OF TIME.
I HAVE 158.000 IN A ASTENDED ACCOUNT AND THEY
WONT GIVE IT TO ME. OTHER ACTION SHOULD BE TAKEN
SO THAT THESE THINGS WILL NEVER HAPPEN TO ANYONE
EISE AGAIN. THE USE OF 3RD PARTY ADDS AlloWS FOR
PERSONALINFORMATION AND OTHER DATA TO BE GATHERED
FROM APP'S LIKE INTELIUS AND OTHERS LIKE IT.

### IV. DEFENDANT INFORMATION

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:	FACE BOOK					
	First Name	Last Name	Shield #			
	1 HACKER WAY					
	Current Job Title (or other identifying information)					
	MENIO PARK, CALIFORNIA 94025					
	Current Work Address	, ł	94005			
	LALIFORNIA		1 (07)			
	County, City	State	Zip Code			
Defendant 2:	INSTA GRAM					
	First Name	Last Name	Shield #			
	1601 WILLOW	KOAD				
	Current Job Title (or other	r identifying information)				
	SOCIAL Men	SOCIALMENIA				
	Current Work Address	1 1				
	MENIO HARK	"CAlitornia. L	A 94025			
	County, City	State	Zip Code			
Defendant 3:	SNAP CHAT					
	First Name	Last Name	Shield #			
	SOCIAL MEDIA					
	Current Job Title (or other identifying information)					
	3000 31 STRE					
	Current Work Address		~ nn n 1			
	SANTA MONIC	A CA	90291			
	County, City	State	Zip Code			
Defendant 4:	PAY PAI					
	First Name	Last Name	Shield #			
	ONLINE BANKIN	16				
	Current Job Title (or other identifying information)					
	7711 NORTH FIRST STREET.					
	Current Work Address					
	SAN JOSE	CA	95131			
	County, City	State	Zip Code			

MOTION FOR SUMMARY JUDGEMENT: PLAINTIFF EXECUTES THIS
INSTRUMENT BELOW UNDER 28 U.S.C. \$1746 (1) AND MOVES FOR
SUMMARY JUDGEMENT. THE FOREGOING AND FOLLOWING MATERIAL FACTS ARE
NOT INDISPUTE AND PLAINTIFF IS ENTITLED TO JUDGEMENT AS A MATTER
OF LAW. [FOR REFERENCE SEE: CHAIMERS V. CITY OF LOS ANGELES, 762 F. 2D
753, 761 (9TH CIR. 1985) A VICTIMS TESTIMONY ALONE IS SUFFICIENT
BASIS ON WHICH TO AWARD COMPENSATORY DAMAGES FOR EMOTIONAL
PAIN AND SUFFERING ]; Also SEE: [U.S. C.A. CONST. AMEND. 7].

### **INJURIES:**

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received. THE UNIAWFULSEIZURE AND FAISE ARREST

UNIAWFULLY DEPRIVED ME OF LIBERTY AGAINST MY UNALIENABLE RIGHTS, BRINGING ME BODIDLY PAIN, DISCOMFORT, INCONVENIENCE, LOSS OF TIME, MENTAL SUFFERING, DISTRESS, DURESS, ANGUISH, SHAME, LOSS OF JOB, LOSS OF ENJOYMENT OF LIFE, LOSS OF PERSONAL PROPERTY, VIOLATION OF CONSTITIONAL (BOTH STATE PLUS FEDERAL). FEAR FOR MY LIFE, MENTAL SUFFERING, FRIGHT, GRIEF, LACK OF CARE PLUS NEGLIGENCE, DEFAMATION.

### VI. RELIEF

State briefly what money damages or other relief you want the court to order.

COMPENSATORY DAMAGES OF FIVEHUNDRED FIFTY-MILLION (550,000,000) (U.S.D.); UNDER STANDARD SET IN (TREZEVANT V.CITY OF TAMPA, THI F.3D 336 (ITH CIR. 1984) OF FIVE HUNDRED-FIFTY-MILLION (550,000) (U.S.D.) PER MINUTE; BOTH GENERAL, AND SPECIAL DAMAGES IN AMOUNTS BY PROOF AT TRIAL; RESTITUTION AS ALLOWED BY IAW; PUNITIVE DAMAGES OF FIVE-HUNDRED-FIFTY-MILLION (550,000,000) (U.S.D.) FOR ATTORNEYS FEES AND COST OF ACTION, INCLUDING UNDER THE PRIVATE ATTORNEY GENERAL DOCTRINE, FOR ALL COURT COSTS, INCLUDING BONDOS CRIS, SECURITIZATION, INVESTIGATION, U.S.M. COSTS, FOR QUITAM ACTION FEES TO PAY ON NATIONAL DEBT PURSANT 31 U.S.C. \$3113 AND ANY TAXES OWED ON FUNDS PAID HERE FROM 26 U.S.C. \$165 et Sey; Page 5 THANK YOU.

#### VII. PLAINTIFF'S CERTIFICATION AND WARNINGS

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

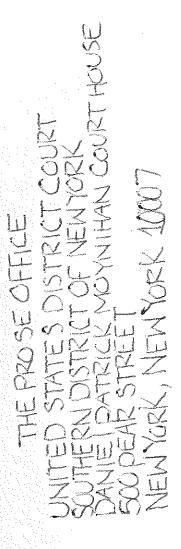
I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date th		
proceed without prepayment of fee	es, each plaintiff must also submit	t an IFP application.
6/21/25	Casin	17 Arylin
Dated	Plaintiff's Sign	ature //
Casimir P. Gri	CFFEN CAPE VER	DEAN KING OF KINGS
First Name Mid	dle Initial Last Name	
110 WELLS FARM	ROAD	
Prison Address	1.1	
GOSHEN	NEWYORK	10924
County, City	State	Zip Code
		1/22/2-
Date on which I am delivering this of	complaint to prison authorities fo	r mailing: (ロノカノカ





IS TAKM KOAD IN, NEWYORK 10924